



Account Withdrawal Authorization Form

Name: _____

Billing Address: _____

City, State Zip: _____

Phone Number: _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

A diagram of a check with red brackets and labels identifying key fields. The "ABA Routing Number" label points to the first nine digits of the MICR line. The "Check Number" label points to the next three digits. The "Account Number" label points to the final eight digits. The check form includes fields for "My Name", "My Address", "City, State Zip", "DATE:", "PAY TO THE ORDER OF:", a dollar amount box, "DOLLARS", "The Bank Name", "Address", "Phone Number", and "Memo:". The MICR line at the bottom contains the sequence: ⑆ 23456789⑆ 1234⑆ 23456789.

Plan Purchased: _____

Monthly Charge: _____

By signing this form, I authorize Doylestown Animal Medical Clinic to charge my account for the amount listed above once monthly.

Signature: _____

Date: _____